

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Am</i>		4/26/99
O.I.P.E. CLASSIFIER		15	4/29/99
FORMALITY REVIEW		71622	5-1-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/23/00
2	✓	✓	3/21/00
3	✓	✓	8/16/00
4	✓	✓	10/2/00
5	✓	✓	9/23/00
6	✓	✓	11/18/00
7	✓	✓	12/14/00
8	✓	✓	
9	✓	✓	
10	N	N	
11	N	N	
12	N	N	
13	N	N	
14	N	N	
15	N	N	
16	✓	✓	
17	N	N	
18	N	N	
19	N	N	
20	N	N	
21	N	N	
22	N	N	
23	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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